

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V07174 (8)
1. Corporation Name
GENTRY-DRANE INSURANCE AGENCY, INC.



Principal Place of Business 2121 SEMORAN BLVD. APOPKA FL 32704 US	Mailing Address 1031 W. MORSE BLVD. SUITE 300 WINTER PARK FL 32789-3749
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21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 01/16/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3104309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOULTON, LESLEY
1031 W. MORSE BLVD.
STE. 300
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCS	<input type="checkbox"/> DELETE
NAME	BARNES, JAMES T., JR.	
STREET ADDRESS	1031 W. MORSE BLVD. #300	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRESTON, STEVEN	
STREET ADDRESS	2121 SEMORAN BLVD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	GREGG, GERALD J.	
STREET ADDRESS	1031 W MORSE BLVD #300	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LIEBKNECHT, DEBRA E.	
STREET ADDRESS	2121 SEMORAN BLVD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MOULTON, LESLEY	
STREET ADDRESS	1031 W MORSE BLVD. #300	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Lesley Moulton, Asst. Sec.* **4/29/97** **407-628-8700**

CP2E034 (9/96)